

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026384

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 11DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. FILED JUL 30 1962

a. COUNTY

Christian

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Nixa

Length of stay in 1b

25 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Nixa

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

no street address

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Max

Middle

Herald

Last

Kinser

4. DATE
OF DEATH

Month

July 23, 1962

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/8/1911

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Foreman--School and Business

10b. KIND OF BUSINESS OR INDUSTRY

Flag Construction

11. BIRTHPLACE (City and state or country)

Mentor (Greene Co.) Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Kinser

13b. MOTHER'S MAIDEN NAME

Brookie Allen

14. NAME OF HUSBAND OR WIFE

Elnora Kinser nee Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes WW Two

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Elnora Kinser, Nixa, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carbon Monoxide Poisoning

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

working on car in closed garage

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

working on car in closed garage

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

Approx 6

7/23/1962

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

private garage at home

20f. CITY, TOWN, OR LOCATION

Nixa

COUNTY

Christian

STATE

Missouri

21. I attended the deceased from

?Approx 6:00 a.m.

to

and last saw

her

him

alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Christian Co. Clever, Missouri

22c. DATE SIGNED

7/26/1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7/26/1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Harris,

Clever, Mo.

25. DATE RECD. BY LOCAL REG.

July 28, 1962

26. REGISTRAR'S SIGNATURE

Oline Hutter

(Licensed Embalmers Statement on Reverse Side)

AUG 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John Harris

Licensed Embalmer No. _____

4390

P. O. Address _____

Cleveland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.